

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR SUITES (0009257)

Address: 325 WEST COTTAGE GROVE RD, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094012 **End Date:** 01/25/2005 **Type:** STANDARD **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008118 Served 02/02/2005

Deficiencies Cited

83.11(3)(a)

83.35(5)(a)

Subject Area

RESPONSIBILITIES

FOOD STORAGE

Compliance
Verified

Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0092135 **End Date:** 03/04/2004 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007954 Served 03/17/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.21(4)(w)	SAFE ENVIRONMENT		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS		
83.41(10)(a)	BUILDING MAINTENANCE		
83.43(7)(b)	INSTALLATION AND MAINTENANCE		

Survey ID: 0090518 **End Date:** 06/13/2003 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007794 Served 06/26/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(4)(a)	ABILITY TO PAY	03/04/2004	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	03/04/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 03/12/2004 SOD #10007954 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.065(2)(b)
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(3)(e)2.a
FORFEITURE---83.43(7)(b) plus \$10 a day.....

Date: 06/24/2003 SOD #10007794 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---83.16(4)(a)
FORFEITURE---83.32(2)(c)1

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.